



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 8911, Madison WI 53708-8911  
 Phone: (608) 224-4522

OFFICE USE ONLY

Application Number:

(s. 94.73, Wis. Stats.)

## ACCP MULTIPLE RESPONSIBLE PERSONS FORM

Prior to filing an application for reimbursement, a reasonable effort must be made to notify every potentially responsible person who may have incurred corrective action costs related to the discharge site. All responsible persons filing for reimbursement at this site must reach agreement and specify to the Department how the deductible will be met and how the reimbursement payments should be divided. See s. ATCP 35.20, Wis. Adm. Code, for further clarification.

If there are no other responsible persons to notify, please check here  and sign at the bottom.

If there are other responsible persons, please complete the following:

OTHER RESPONSIBLE PERSON 1			
NAME	PHONE # ( ) -	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

OTHER RESPONSIBLE PERSON 2			
NAME	PHONE # ( ) -	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

OTHER RESPONSIBLE PERSON 3			
NAME	PHONE # ( ) -	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

OTHER RESPONSIBLE PERSON 4			
NAME	PHONE # ( ) -	EMAIL	
ADDRESS	CITY	STATE	ZIP CODE

The undersigned states that a reasonable effort has been made to notify every potentially responsible person and that each person listed above was notified this application is being filed. The undersigned is aware that by not attempting to notify all potentially responsible persons, the undersigned may become liable to them for any eligible costs they were not reimbursed. See s. ATCP 35.20, Wis. Adm. Code, for further explanation.

The other responsible persons identified above are not submitting costs with this reimbursement application.

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SIGNATURE OF APPLICANT

DATE